

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | 1: 148400002 | | CITY OR TOWN | WINCHEN | IDON |
|--|-------------------------|---|---------------------|----------------------|-------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 130 OLD | A SNOWBOUND | | | | |
| CITY/TOWN: WIN | ICHENDON | STATE: MA | ZIP CODE: | 01475 | |
| MANAGER: BRA | UN,ELLEN L. TYI | PE OF LICENSE:Club | o C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EM. | AIL ADDRESS | | _ |
| | DING WITH NORT | SES: TH AND SOUTH EXIT HREE ROOMS,TWO | | | |
| 2. the license | ee has complied with | the same type for the s a all laws of the Comm business (If not explain | onwealth relating | | |
| SIGNED BY: | Individual, Partner | or Authorized Corpor | rate Officer | | |
| DATE: | TELEPHON | IE NUMBER: | | R IDENTIFICAT | |
| Acts of 2004, signed | by the building in | e in possession (1) the spector and the head liability insurance re | of the fire depart | ment for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | in) | | LOCAL LICENS By: | SING AUTHO | ORITY |
| DATE: | | | | | |
| APPLICATION FOR RENEV | VAL MUST BE FILED BY L | ICENSEES DURING THE MO | ONTH OF NOVEMBER (M | И.G.L. Ch. 138 \$ 16 | 5A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 148400004 | | CITY OR TOWN | WINCHEN | IDON |
|---|-------------------------|---------------------|--------------|--------------------------|
| APPLICATION FOR RENEWAL: | Annual | LICENS | SED FOR 20 |)13 |
| | CLASS | | | YEAR |
| LICENSEE NAME: MARIA BEZAS | | | | |
| DOING BUSINESS A CHRISTO'S PLAG | CE | | | |
| ADDRESS 51 CENTRAL STREET | | | | |
| CITY/TOWN: WINCHENDON | STATE: MA | ZIP CODE: | 01475 | |
| MANAGER: BEZAS, MARIA TYP | PE OF LICENSE: Res | taurant CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT OUR WE | BSITE AND ENTER YOUR EN | IAIL ADDRESS | | - |
| DESCRIPTION OF LICENSED PREMIS | | | | |
| ONE FLOOR ON GROUND FLOOR. EN | | ENTRAL ST EXIT | TO CHEST | NUT ST |
| I hereby certify and swear under penalties | | | | |
| 1. the renewed license will be of t | · = | = | | |
| 2. the licensee has complied with | | = | taxes; and | |
| 3. the premises are now open for | business (If not expla | in below) | | |
| | | | | |
| SIGNED BY: Individual Partner | or Authorized Corpo | rate Officer | | |
| marviaur, i artier | or rumorized corpo | rate Officer | | |
| | | | | |
| DATE: TELEPHONE | E MIMDED. | EMPI OVER | IDENTIFICAT | ION NUMBER: |
| TELEPHONI | E NUMBER: | (Note: NOT Ind | | |
| | | | | |
| We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor l | pector and the head | of the fire departn | nent for the | above named |
| Please Check Below: | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | By: | | |
| DISAPPROVED: | | | | |
| (If disapproved explain) | | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 148400005 | | CITY OR TOWN | WINCHEN | IDON |
|---|--|----------------------|--|--------------|-----------------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 | |
| LICENSEE NAME: DOING BUSINESS ADDRESS 188 CEN | | CLASS S | | | YEAR |
| CITY/TOWN: WI | NCHENDON | STATE: MA | ZIP CODE: | 01475 | |
| MANAGER: KAI EMI | · | OF LICENSE: Re | staurant CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| PEG CD IDMICIL OF | PLEASE ALSO VISIT OUR WEBS | | MAIL ADDRESS | | |
| RESTAURNAT ON | LICENSED PREMISE FIRST FLOOR WITH AREA, STORAGE ARI | FRONT ENTRA | the state of the s | | EXIT |
| | see has complied with al ises are now open for bu Individual, Partner or | ssiness (If not expl | ain below) | o taxes; and | |
| DATE: | TELEPHONE | NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | TON NUMBER: ecurity Number) |
| Acts of 2004, signe | d, attest that we are in d by the building inspe certificate of liquor lia | ector and the head | d of the fire departr | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl | ain) | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 1484 | 00014 | CITY OF | R TOWN | WINCHEN | IDON |
|---|-------------------------------|-----------------------|-------------|--------------|------------------------------|
| APPLICATION FOR REN | EWAL: At | nnual | LICEN | SED FOR 20 |)13 |
| | CI | LASS | | | YEAR |
| LICENSEE NAME: CHIC | CK'S TAVERN, INC. | | | | |
| DOING BUSINESS A CH | ICK'S TAVERN | | | | |
| ADDRESS 196 PLEASAN | T STREET | | | | |
| CITY/TOWN: WINCHEN | NDON STATE | E: MA ZIP O | CODE: | 01475 | |
| MANAGER: KENDALL CYNTHIA | , | ENSE:Restaurant | CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PLEASE A | ALSO VISIT OUR WEBSITE AND EN | TER YOUR EMAIL ADDRES | s | | _ |
| DESCRIPTION OF LICEN | | | | | |
| APPROX. 2400 SQ. FT. O RAILROAD STREETS. O OFFICE, TWO REST ROC | NE DOUBLE DOOR, TV | O SINGLE DOOR | S AS E N | | |
| I hereby certify and swear u | nder penalties of perjury | that: | | | |
| 1. the renewed lice | nse will be of the same ty | pe for the same prer | nises now | licensed; | |
| 2. the licensee has | complied with all laws of | the Commonwealth | relating to | taxes; and | |
| 3. the premises are | now open for business (I | f not explain below) | | | |
| SIGNED BY: | vidual, Partner or Authori | zed Corporate Offic | er | | |
| | | | | | |
| DATE: | TELEPHONE NUMBE | IX. | | | TION NUMBER: ecurity Number) |
| We the undersigned, atterded Acts of 2004, signed by the license and (2) the certification. | e building inspector and | the head of the fir | re departı | nent for the | above named |
| Please Check Below: | | LOCAI | L LICENS | ING AUTHO | ORITY |
| APPROVED: | | By: | | | |
| DISAPPROVED: | | | | | |
| | | | | | |
| (If disapproved explain) | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | X: 148400015 | | CITY OR TOWN | WINCHEN. | DON |
|-------------------------------|-------------------------|--|-----------------------|-----------------|-----------------|
| APPLICATION FO | R RENEWAL: | Annual | LICENS | ED FOR 20 | 13 |
| | | CLASS | | • | YEAR |
| LICENSEE NAME: | TOY TOWN PUE | B, INC. | | | |
| DOING BUSINESS | A TOY TOWN PU | ^{I}B | | | |
| ADDRESS 28 RAIL | ROAD ST. | | | | |
| CITY/TOWN: WIN | NCHENDON | STATE: MA | ZIP CODE: | 01475 | |
| MANAGER: LAB M. | ONTE, SUSAN TY | PE OF LICENSE: Res | staurant CA' | ΓEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR W | VEBSITE AND ENTER YOUR EM | MAIL ADDRESS | | |
| DESCRIPTION OF | LICENSED PREMI | SES: | | | |
| THREE ROOMS OF | N GROUND FLOOI | R. ENTRANCE ON R | AILROAD ST. EXIT | ON PLESA | ANT ST |
| I hereby certify and s | = | | | | |
| | | the same type for the | • | | |
| | - | h all laws of the Comn | • | taxes; and | |
| 3. the premi | ses are now open for | r business (If not expla | ain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Partne | r or Authorized Corpo | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHON | NE NUMBER: | | | ION NUMBER: |
| | | | (Note: NOT Indiv | idual Social Se | ecurity Number) |
| Acts of 2004, signe | d by the building in | e in possession (1) the spector and the head liability insurance r | l of the fire departm | ent for the | above named |
| | cer uncate of fiquor | nability insurance i | | | |
| Please Check Below: APPROVED: | | | LOCAL LICENSII | NG AUTHC | DRITY |
| DISAPPROVED: | | | By: | | |
| (If disapproved explain | ain) | | | | |
| | | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 148400016 | | CITY OR TOWN | WINCHENDON |
|-----------------------------|--|----------------------------|---------------------|---|
| APPLICATIO | N FOR RENEWAL: | Annual | LICEN | NSED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: AM.LEGION E | UGENE CONNOR PO | ST #193 INC. THE | |
| DOING BUSI | NESS A | | | |
| ADDRESS 29 | 5 SCHOOL ST. | | | |
| CITY/TOWN: | WINCHENDON | STATE: MA | ZIP CODE: | 01475 |
| MANAGER: | MURPHY, T MARILYN E. | TYPE OF LICENSE: Clu | ıb C | CATEGORY: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT OU | R WEBSITE AND ENTER YOUR E | MAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PREM | MISES: | | |
| | AND FIRST FLOOR. FO THREE BARS, ONE E | | | |
| I hereby certify | and swear under penalt | ties of perjury that: | | |
| 1. the | renewed license will be | of the same type for the | same premises nov | v licensed; |
| 2. the | licensee has complied w | rith all laws of the Comr | nonwealth relating | to taxes; and |
| 3. the | premises are now open | for business (If not expl | ain below) | |
| | | | | |
| SIGNED BY: | | | | |
| | Individual, Part | ner or Authorized Corpo | orate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPHO | ONE NUMBER: | EMPLOYE | ER IDENTIFICATION NUMBER: |
| | | | (Note: NOT In | ndividual Social Security Number) |
| | | | | |
| | | | | red by Chapter 304 of the |
| | | | | tment for the above named er 116 of the Acts of 2010. |
| | | or nability insurance i | | |
| Please Check Belo APPROVED: | <u>)W:</u> | | | SING AUTHORITY |
| DISAPPROVED: | 7D. | | By: | |
| (If disapproved | | | | |
| (11 disappiovec | · CAPIGIII) | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOR | R RENEWAL MUST BE FILED B | Y LICENSEES DURING THE M | ONTH OF NOVEMBER (I | M.G.L. Ch. 138 \$ 16A) |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 148400020 | | CITY OR TOWN | WINCHEN | IDON |
|---|--------------------------------|-----------------------|------------------|-----------------|
| APPLICATION FOR RENEWAL: | : Annual | LICEN | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: S.K. RAJ | | | | |
| DOING BUSINESS A WILLIAM | 'S PACKAGE STORE | | | |
| ADDRESS 50 SPRING ST | | | | |
| CITY/TOWN: WINCHENDON | STATE: MA | ZIP CODE: | 01475 | |
| MANAGER: PATEL, BHAGWA | AI TYPE OF LICENSE:Pa | ckage Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISI | T OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF LICENSED P | REMISES: | | | |
| TWO LEVEL BUILDING; 34 X 7 LEVEL, SALES, OFFICE AND S | | EMPTION CENTER | , STORAGE | ; UPPER |
| I hereby certify and swear under pe | enalties of perjury that: | | | |
| 1. the renewed license will | be of the same type for the | e same premises now | licensed; | |
| 2. the licensee has complied | ed with all laws of the Com | monwealth relating to | taxes; and | |
| 3. the premises are now op | oen for business (If not expl | lain below) | | |
| | | | | |
| SIGNED BY: | | | | |
| Individual, l | Partner or Authorized Corp | orate Officer | | |
| | | | | |
| | | | | |
| DATE: TELE | PHONE NUMBER: | | | ION NUMBER: |
| | | (Note: NOT Ind | ividual Social S | ecurity Number) |
| | | | | |
| Please Check Below: | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | By: | | |
| DISAPPROVED: (If disapproved explain) | | | | |
| (ii disupproved explain) | | | | |
| | | | | |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBEI | R: 148400022 | | CITY OR TOWN | WINCHEN | IDON |
|---|-------------------------|---|-----------------------------------|------------|------------------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | ONE STOP PLAZ | ZA CONVENIENCI | E,INC. | | |
| DOING BUSINESS | A | | | | |
| ADDRESS 006-16 | MAIN STREET | | | | |
| CITY/TOWN: WI | NCHENDON | STATE: MA | ZIP CODE: | 01475 | |
| | AL,SAWYER, TY RENE | PE OF LICENSE:P | ackage Store CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR V | WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| DESCRIPTION OF | | | | | |
| CONVENIENCE ST DOOR; 1800 SQ FT | | N SHOPPING PLAZ | ZA. ONE FLOOR; FR | ONT AND E | BACK |
| | • | th all laws of the Cor or business (If not exp | nmonwealth relating to | taxes; and | |
| | Individual, Partne | er or Authorized Cor | porate Officer | | |
| DATE: | TELEPHO | NE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | TION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.) | ain) | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 148400023 | | CITY OR TOWN | WINCHENDON |
|---|--|---|--------------------|---|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSE | ED FOR 2013 |
| | | CLASS | | YEAR |
| | AME: SWIYA LIQ NESS A THE LIQU 4 SPRING ST | | | |
| | WINCHENDON | STATE: MA | ZIP CODE: | 01475 |
| MANAGER: | PATEL, HITENDRA R. | TYPE OF LICENSE:P | ackage Store CAT | ΓEGORY: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PR | REMISES: | | |
| ONE STORY | BLDG. MAIN SELL | ING ROOM. TWO ROO | MS FOR STORAGE | |
| | premises are now ope | d with all laws of the Con en for business (If not exp dartner or Authorized Corp | olain below) | axes; and |
| | | | | |
| DATE: | TELEF | PHONE NUMBER: | | DENTIFICATION NUMBER: idual Social Security Number) |
| Please Check Belo APPROVED: DISAPPROVI (If disapproved | ED: | | LOCAL LICENSIN By: | NG AUTHORITY |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUI | MBER: 148400024 | | CITY OR TOWN | WINCHENDON |
|-------------------------|---|-------------------------|----------------------|--|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENS | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: VASTA,INC. | | | |
| DOING BUSIN | NESS A KWIK STOP LIQ | UORS | | |
| ADDRESS 018 | 8-20 RAILROAD ST | | | |
| CITY/TOWN: | WINCHENDON | STATE: MA | ZIP CODE: | 01475 |
| MANAGER: | HALKIADAKIS,AN TYPI ASTASIA | E OF LICENSE:Pac | kage Store CA | ATEGORY: All Alcohol |
| EMAIL ADDR | RESS: | | | |
| | PLEASE ALSO VISIT OUR WEE | SSITE AND ENTER YOUR EM | AIL ADDRESS | |
| DESCRIPTION | N OF LICENSED PREMIS | ES: | | |
| ONE FLOOR, EQUIPMENT | TWO ENTRANCES,TWO | EXITS,PLUS CELI | AR FOR STORAG | E OF STOCK AND |
| 2. the | renewed license will be of the licensee has complied with a premises are now open for b | all laws of the Comm | onwealth relating to | |
| SIGNED BY: | Individual, Partner o | or Authorized Corpo | rate Officer | |
| | | | | |
| DATE: | TELEPHONE | E NUMBER: | | IDENTIFICATION NUMBER: ividual Social Security Number) |
| Please Check Belo | ow: | | LOCAL LICENS By: | ING AUTHORITY |
| DISAPPROVE | | | | |
| (If disapproved | l explain) | | | |
| DATE: | | | | |
| D/111D. | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 148400031 | | CI | ΓΥ OR TOW | N WINCHER | NDON |
|---|---------------------|---|-----------|------------------|-------------------------------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | l | LICI | ENSED FOR 2 | 013 |
| | | CLASS | 3 | | | YEAR |
| LICENSEE NAME: | LITTLE ANTI | HONY'S SEAFOOD | EMPOR | RIUM, INC | | |
| DOING BUSINESS | A | | | | | |
| ADDRESS 678 SPR | ING ST | | | | | |
| CITY/TOWN: WI | NCHENDON | STATE: | MA | ZIP CODE: | 01475 | |
| MANAGER: LAG | | TYPE OF LICENSI | E:Restaur | rant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER Y | OUR EMAIL | ADDRESS | | |
| DESCRIPTION OF | | | | | | |
| 36X40 BUILDING, ENTRANCE AND I | | ON; ONE ENTRAN | CE, ONE | E EMERGEN | CY EXIT, ON | E REAR |
| | ses are now open | with all laws of the on for business (If not business artner or Authorized of | explain b | pelow) | g to taxes; and | |
| | | | | | | |
| DATE: | TELEPF | IONE NUMBER: | | | YER IDENTIFICA' Individual Social S | |
| We the undersigne Acts of 2004, signe license and (2) the | d by the building | g inspector and the | head of | the fire depa | rtment for the | above named |
| Please Check Below: APPROVED: | | | | OCAL LICE by: | NSING AUTH | ORITY |
| DISAPPROVED: [(If disapproved expl | ain) | | - | | | |
| | | | - | | | |
| DATE: | | | = | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 148400036 | | CITY OR TOWN | WINCHEN | DON |
|--|--------------------|-----------------------|------------------------------------|------------|------------------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICENS | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | CENTRAL SUPE | ERMARKER IGA, | INC. | | |
| DOING BUSINESS A | A CENTRAL SUF | PERMARKET | | | |
| ADDRESS 49 CENT | RAL STREET | | | | |
| CITY/TOWN: WING | CHENDON | STATE: M | ZIP CODE: | 01475 | |
| MANAGER: SZEL | EST, MARIA TY | PE OF LICENSE | Package Store CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| | | WEBSITE AND ENTER YOU | UR EMAIL ADDRESS | | |
| DESCRIPTION OF L | | | | | |
| 10,000 SQ FT BUILD ADJACENT TO THE | | OR, ONE ENTRAÑ | ICE AND EXIT FROM | PARKING I | LOT |
| | es are now open fo | or business (If not e | | taxes, and | |
| | marviduai, Parme | er or Authorized Co | orporate Officer | | |
| DATE: | TELEPHO | NE NUMBER: | EMPLOYER (Note: <u>NOT</u> Indi | | TION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | n) | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 148400039 | | CITY OR TOWN | WINCHEN | IDON |
|--|---|---------------------|-----------------------|--------------|-----------------------------|
| APPLICATION FOR | R RENEWAL: | Annual CLASS | LICEN | ISED FOR 20 |)13 YEAR |
| DOING BUSINESS ADDRESS 660 SPR | | SE RESTAURAN | | | |
| CITY/TOWN: WIN | NCHENDON | STATE: MA | ZIP CODE: | 01475 | |
| MANAGER: LAF | · · · · · · · · · · · · · · · · · · · | E OF LICENSE: R | estaurant C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| DEGCDIDATON OF | PLEASE ALSO VISIT OUR WEB | | EMAIL ADDRESS | | |
| THREE ROOMS ST | LICENSED PREMISE REET LEVEL CONS OF MEETING HALL | ISTING OF CLU | B ROOM AND GAM | ME ROOM; S | ECOND |
| | ee has complied with a ses are now open for b Individual, Partner of | usiness (If not exp | olain below) | o taxes; and | |
| DATE: | TELEPHONE | NUMBER: | | | TON NUMBER: ecurity Number) |
| Acts of 2004, signe | d, attest that we are i d by the building insp certificate of liquor li | ector and the he | ad of the fire depart | ment for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | ain) | | LOCAL LICENS By: | SING AUTHO | ORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 148400040 | | CITY OR TOW | N WINCHEN | NDON |
|-----------------------------------|---|-----------------------|---------------------|---------------------|------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICE | ENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | CHAU LIE THAI | | | | |
| DOING BUSINESS | A LUCKY DRAGO |)N | | | |
| ADDRESS 222 BA | LDWINVILLE STAT | TE ROAD | | | |
| CITY/TOWN: WI | NCHENDON | STATE: MA | ZIP CODE: | 01475 | |
| MANAGER: THA | I, CHAU LIE TYI | PE OF LICENSE: R | estaurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| | LICENSED PREMIS | | | | |
| 3,260M SQUARE F ROOM: NO BASEN | OOT SINGLE STOF MENT. | Y BRICK BUILDI | NG: KITCH EN, L | OUNGE AND | DINING |
| | | | | | |
| | | | | | |
| • | swear under penalties | 1 0 0 | | liaamaadi | |
| | ved license will be of see has complied with | * * | • | | |
| | ises are now open for | | _ | g to taxes, and | |
| | eses are now open for | ousmoss (if not exp | | | |
| SIGNED BY: | | | | | |
| BIGINED B1. | Individual, Partner | or Authorized Corp | oorate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHON | E NUMBER: | | ER IDENTIFICAT | |
| | | | (Note: NOT) | Individual Social S | Security Number) |
| We the undersigne | d, attest that we are | in possession (1) t | he certificate requ | ired by Chapt | er 304 of the |
| | d by the building ins certificate of liquor | _ | _ | | |
| | certificate of fiquor | nability insurance | | | |
| Please Check Below: APPROVED: | | | LOCAL LICEN | NSING AUTH | ORITY |
| DISAPPROVED: | | | By: | | |
| (If disapproved expl | ain) | | | | |
| | | | | | |
| | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 148400046 | (| CITY OR TOWN | WINCHEN | DON |
|---|-----------------------|------------------------------------|----------------|-------------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 | | |
| | CLASS | | | YEAR |
| LICENSEE NAME: The Glen Caffe', Inc | c | | | |
| DOING BUSINESS A | | | | |
| ADDRESS 63 Glenallen St | | | | |
| CITY/TOWN: WINCHENDON | STATE: MA | ZIP CODE: | 01475 | |
| MANAGER: Morin, Sally-Jo TYP | PE OF LICENSE: Resta | urant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT OUR WE DESCRIPTION OF LICENSED PREMIS First floor commercial and residential buil and 3 in rear | | | and exits, 2 i | n front |
| the renewed license will be of t the licensee has complied with the premises are now open for | all laws of the Commo | onwealth relating to | | |
| SIGNED BY: Individual, Partner | or Authorized Corpora | ate Officer | | |
| DATE: TELEPHON | E NUMBER: | EMPLOYER (Note: <u>NOT</u> Indi | | ION NUMBER: |
| We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor | pector and the head | of the fire departn | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHO | DRITY |
| DATE: | | | | |



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 148400048 | | CITY OR TOWN | WINCHEN | NDON |
|------------------------------------|-------------------------|------------------------|---|------------|-------------------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS A | _ | , Inc | | | |
| ADDRESS 2 Juniper | St | | | | |
| CITY/TOWN: WING | CHENDON | STATE: MA | ZIP CODE: | 01475 | |
| MANAGER: Graff, | John Andrew TYF | PE OF LICENSE:Pa | ckage Store CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| P | LEASE ALSO VISIT OUR WE | BSITE AND ENTER YOUR F | CMAIL ADDRESS | | _ |
| DESCRIPTION OF L | ICENSED PREMIS | SES: | | | |
| approx 2400 sq ft of s | pace located in the r | ear of the building | | | |
| I hereby certify and sv | vear under penalties | of perjury that: | | | |
| 2. the licensed 3. the premise | | all laws of the Com | e same premises now monwealth relating to lain below) | | |
| SIGNED BY: | Individual, Partner | or Authorized Corp | orate Officer | | |
| | | | | | |
| DATE: | TELEPHON | E NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | FION NUMBER: Security Number) |
| Please Check Below: APPROVED: | | | LOCAL LICENS By: | ING AUTH | ORITY |
| DISAPPROVED: | | | • | | |
| (If disapproved explai | n) | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUN | MBER: 148400050 | | CITY OR TOWN | WINCHENI | OON | |
|--|--|--|---|-------------------|---------------------------|--|
| APPLICATION FOR RENEWAL: Annual | | | LICENS | LICENSED FOR 2013 | | |
| | | CLASS | | 3 | YEAR | |
| LICENSEE NA | ME: HARBOUR REST | 'AURANT,INC | | | | |
| DOING BUSIN | JESS A | | | | | |
| ADDRESS 455 | MAPLE ST | | | | | |
| CITY/TOWN: | WINCHENDON | STATE: MA | ZIP CODE: | 01475 | | |
| | HAGEMEYER,MELTY ISSA | PE OF LICENSE: Re | estaurant CA | ATEGORY: | All Alcohol | |
| EMAIL ADDR | ESS: | | | | | |
| 1 STORY 4000 I hereby certify 1. the r 2. the l | | ANCES/EXITS s of perjury that: the same type for the all laws of the Com | monwealth relating to lain below) orate Officer | taxes; and | | |
| Acts of 2004, s | signed, attest that we are signed by the building in the certificate of liquor w: | spector and the hea | d of the fire departr | nent for the a | above named acts of 2010. | |
| DISAPPROVE (If disapproved DATE: | | | | | | |
| ~ | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBEI | R: 148400051 | | CITY OR TO | OWN | WINCHEN | IDON |
|--|--|-------------------|--------------------|--------|--------------|------------------------------|
| APPLICATION FO | R RENEWAL: | Annual | L | ICENS | SED FOR 20 | 013 |
| | | CLASS | 3 | | | YEAR |
| LICENSEE NAME: DOING BUSINESS | | ISES,INC. | | | | |
| ADDRESS 461 MA | PLE ST. | | | | | |
| CITY/TOWN: WI | NCHENDON | STATE: | MA ZIP COI | DE: | 01475 | |
| MANAGER: MET | TRY,REZK A. T | YPE OF LICENSI | E:Restaurant | CA | TEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | | |
| | PLEASE ALSO VISIT OUR | | OUR EMAIL ADDRESS | | | |
| DESCRIPTION OF | | | | | | |
| 1134 SQ. FT. RETA SEATING CAPACI | | ANCE IN FRONT | 2 EMERGENCY | EXIT I | N BACK 2 | |
| | ee has complied w ses are now open f Individual, Partr | | explain below) | | tuxes, and | |
| DATE: | TELEPHO | ONE NUMBER: | | | | TION NUMBER: ecurity Number) |
| We the undersigne Acts of 2004, signe license and (2) the | d by the building | inspector and the | head of the fire d | epartn | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | ain) | | LOCAL LI By: | CENS | ING AUTHO | ORITY |
| DATE: | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 1484 | 00052 | Cľ | ΓY OR TOWN W | INCHENDON |
|------------------------------|------------------------------|------------------|------------------------|----------------------------|
| APPLICATION FOR REN | EWAL: | Annual | LICENSED | FOR 2013 |
| | C | CLASS | | YEAR |
| LICENSEE NAME: ZOE | S RESTAURANT & PI | ZZERIA LLC | | |
| DOING BUSINESS A | | | | |
| ADDRESS 6 MAIN STREE | ET | | | |
| CITY/TOWN: WINCHEN | NDON STAT | TE: MA | ZIP CODE: 01 | 1475 |
| MANAGER: ANTONIAG | C, TODD TYPE OF LIC | CENSE:Restaur | cant CATE | GORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE A | ALSO VISIT OUR WEBSITE AND E | NTER YOUR EMAIL | ADDRESS | |
| DESCRIPTION OF LICEN | SED PREMISES: | | | |
| FULL SERVICE RESTAU | RANT WITH A MAIN | ENTRANCE A | AND TWO REAR F | IRE DOOR EXIT |
| I hereby certify and swear u | nder penalties of perjury | y that: | | |
| 1. the renewed lice | nse will be of the same t | ype for the sam | ne premises now lice | nsed; |
| 2. the licensee has | complied with all laws o | of the Common | wealth relating to tax | tes; and |
| 3. the premises are | now open for business (| If not explain b | pelow) | |
| | | | | |
| SIGNED BY: | | | | |
| Indiv | vidual, Partner or Author | rized Corporate | Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPHONE NUMB | ER: | EMPLOYER IDE | NTIFICATION NUMBER: |
| | | | (Note: NOT Individu | al Social Security Number) |
| We the undersigned, attes | st that we are in negges | cion (1) the co | utificata vaquivad b | y Chantan 204 of the |
| Acts of 2004, signed by th | | | | |
| license and (2) the certific | ate of liquor liability in | nsurance requ | ired by Chapter 11 | 6 of the Acts of 2010. |
| Please Check Below: | | L | OCAL LICENSING | AUTHORITY |
| APPROVED: | | Е | sy: | |
| DISAPPROVED: | | | | |
| (If disapproved explain) | | - | | |
| | | - | | |
| | | | | |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE | CR: 148400053 | | CITY | OR TOWN | WINCHEN | IDON |
|--|--|---|--------------------------|----------------------|--------------------------------------|--------------------------|
| APPLICATION FO | OR RENEWAL: | Annual | l | LICE | NSED FOR 20 | 013 |
| | | CLASS | S | | | YEAR |
| LICENSEE NAME | : NOURIA ENE | RGY RETAIL, INC | 2. | | | |
| DOING BUSINESS | S A WINCHEDO | N IRVING | | | | |
| ADDRESS 93 GAI | RDNER ROAD | | | | | |
| CITY/TOWN: WI | NCHENDON | STATE: | MA ZI | IP CODE: | 01475 | |
| | LABRO JR, NNETH C. | TYPE OF LICENSI | E:Package S | tore (| CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS | : | | | | | |
| | | UR WEBSITE AND ENTER Y | OUR EMAIL ADD | ORESS | | _ |
| DESCRIPTION OF | F LICENSED PRE | MISES: | | | | |
| WALK TO THE RITHRU WINDOW | EAR OF THE BU ON THE LEFT. O NER, THERE IS A | MS ON THE LEFT ILDING, THERE IS IN THE RIGHT, TH IN 11 DOOR WAL | S A DUNKI IERE IS A S | N DONUTS SUBEXPRE | S QSR WITH . SS. AT THE I | A DRIVE- BANK IN |
| I hereby certify and | swear under pena | lties of perjury that: | | | | |
| 1. the renev | wed license will be | e of the same type for | or the same p | oremises nov | w licensed; | |
| | - | with all laws of the | | • | to taxes; and | |
| 3. the prem | nises are now open | for business (If not | explain belo | ow) | | |
| SIGNED BY: | Individual, Par | tner or Authorized (| Corporate O | fficer | | |
| | | | | | | |
| DATE: | TELEPH | IONE NUMBER: | (| | ER IDENTIFICAT ndividual Social S | |
| Please Check Below: | 1 | | LOC | CAL LICEN | SING AUTHO | ORITY |
| APPROVED: DISAPPROVED: (If disapproved exp | lain) | | Ву: | | | |
| | | | | | | |
| DATE: | | | | | | |